SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:							PAGE 2873 / 66158					
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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) CABIGON, MARK, , ,	Transaction ID : SA17A.35087 Date of Receipt					
Mailing Address 4929 HOSTETLER AVE		01 03 2019				
City LAS VEGAS	State Zip Code NV 89131					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer UMC LAS VEGAS	Occupation REGISTERED NURSE	50.00				
Receipt For: 2020	Election Cycle-to-Date ▼	Memo Item 50.00				
Full Name (Last, First, Middle Initial) CABIGON, MARK, , ,						
Mailing Address 4929 HOSTETLER AVE		02 03 2019				
City LAS VEGAS	State Zip Code 89131					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
Name of Employer UMC LAS VEGAS	Occupation REGISTERED NURSE	50.00				
Receipt For: 2020	Election Cycle-to-Date	100.00 Memo Item				
Full Name (Last, First, Middle Initial) CABIGON, MARK, , ,	Transaction ID : SA17A.35089 Date of Receipt					
Mailing Address 4929 HOSTETLER AVE		03 03 2019				
City LAS VEGAS	State Zip Code NV 89131					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
Name of Employer UMC LAS VEGAS	Occupation REGISTERED NURSE	50.00				
Receipt For: 2020 x Primary General Other (specify) ▼	Election Cycle-to-Date	150.00 Memo Item				
Subtotal Of Receipts This Page (op	tional)	150.00				